Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME	U.S. Electrical Corpor	ation	
ADDRESS			<u>_</u>
121 Mountain Park P	lace NW		
CITY			
Albuquerque			
STATE			
NM			
ZIP CODE			
87114			
PHONE 505-890-0600	FA:	X 5-890-0700	
EMAIL:			
usec@uswest.net			
PRIMARY CONTACT	:	_	
James J. Garcia			
	TION WORK (Check al Primary Expertise:	l that apply)	
☐ Site Work	☐ Demolition	□Exterior Utilities	☐ Paint
☐ Structural	☐ Steel Fencing	☐ Masonry	☐ Mechanical (HVAC/Plumbing)
□Carpet □Mechanical	☐ Roofing☐ Clean Room	☐ Building☐ Fire Protection	x□ Electrical □ Nuclear Facility
7 years	ur organization been in a	he construction business und	contractor? der its present business name?
Under what former nam	es has your organization	onerated?	
N/A	es has your organization	operateu:	
List the names and titles	af the leaving dividue leas	fugur organization	ith firm, educational training and
qualifications.	of the key individuals o	i your organization, years w	itii iiiiii, educationai training and
James J. Garcia, Mana	ager – 25 years experience	e	
Richard L. Traczyk, S	Superintendent – 20 years	s experience	
John W. Jaeger, Safet	y Officer – 7 years exper	ience	

List the enterenies of words that your appointing grownelly performed with its common appoint	
List the categories of work that your organization normally performs with its company personal. Total Electrical System including high voltage installation, testing and fiber optics systems	
Total Dicercui System including ingli votage instantation, testing and ricer optics systems	
List the major projects your organization has in progress or has completed in the past five years, owner	, contact
amount, date/expected completion, percentage performed with its company personal	,
2003 - Lomas Chilled Water Plant UNM – Owner: University of New Mexico	
Contract Amount: \$1.1 Million	
% Complete: 85%	
2002 – Building 751, KAFB, NM – Owner: Sandia National Laboratories	
Contract Amount: \$1.1 Million	
% Complete: 100%	
2001 – Nuclear Weapons Facility, KAFB, NM – Owner: Corp of Engineers	
Contract Amount: \$1.2 Million	
% Complete: 100% 2001 – C4 Clean Room Facility, Rio Rancho NM – Owner: Intel Corporation	
Contract Amount: \$2.5 Million	
% Complete: 100%	
2000 – Flight Simulator, KAFB, NM – Owner: Corp of Engineers	
Contract Amount: \$2.5 Million	
% Complete: 100%	
1999 – UNMH Electrical Upgrade, Alb., NM – Owner: University of New Mexico	
Contract Amount: \$2.1 Million	
% Complete: 100%	
List your Trade References	
National Electric Supply Albuquerque, NM (505) 345-3577	
Summit Electric Supply Albuquerque, NM (505) 346-9000	
Franks Supply Albuquerque, NM (505) 884-0000 RSC Rental Albuquerque, NM (505) 884-1560	
RSC Rental Albuquerque, NM (505) 884-1560	
List your Surety company or your banking affiliates.	
American Casualty Co., of Reading, PA	
Downey & Company – Agent	
Bank of America	
Bulk of America	
What is your organization's current bonding rate?	
Single 4 million Aggregate 7 million	
Has your firm entered into a contract that had to be completed by your surety within the past five years	?
Yes □ No □x	
List your Contractor's New Mexico license classification(s):	
Contractors License 57043 GB98, EE98, EL01, JL1	
Safety History:	

List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period. EMR Rate: 2003 - .80 2002 - .92 2001 - 1.0

EMR Rate: 200380		200292		2001 – 1.0	
OSHA Incident Rate – 2002- 0		2001 - 0		2000 - 0	
	_				
Rate Type:	Interstate	, In-State	X	, Monopolistic	

Insurance Carrier:				
GL – EMC – WC – N	IMMCC			
What is your firm's No	rth American Industria	l Classification	System (NAICS) code?	
2353				
	· P	.1	:00()	S' 1 1
Check all that apply to	your organization. Prov	vide certificatioi	n if 8(a) Certified or Small I	Disadvantaged.
■ Woman owned	x□ Small Business	☐ Small Disac	Ivantaged \square 8(a) \square Large	x □ Veteran
Disabled Veteran	☐ HUBZone			
Present number of emp	loyees			
□ 1-20 □ 21-40	x□ 41- 60	$\Box 61 - 100$	□ Over 100	